1:Nimuendajú E-5 (1941-1942) 1952
SQ20 Tucuna SQ20

mature age. I knew of only two adult Tukuna with normal moustaches. The pubic hair is always scanty.

Signs of racial intermixture are visible in 20 per cent, more or less, of the members of the tribe—a small percentage, considering that the Tukuna have lived in peaceful contact with civilized persons for two and a half centuries. Evidently the rigid tribal organization into exogamic moieties has prevented unbridled promiscuity.

Defects and diseases.—Serious physical defects of a pathological nature are infrequent. When I inquired about the fate of children born deformed, no one could remember a particular instance. Deformation of the teeth by caries is frequent. Some cases of unilateral blindness the Indians attributed to measles.

Strangely high (2 per cent!) is the incidence of hearing defects, although I have never seen an Indian completely deaf. Defective hearing appears to be hereditary, being more frequent in certain families.

The most damaging diseases are those introduced by the Neobrazilians. Smallpox has ravaged the tribe on various occasions. The first epidemic, which decimated the Omágua in 1649, probably reached the Tukuna as well. Also highly devastating was the smallpox epidemic of 1870, which spread from returning soldiers of the Paraguayan war and almost depopulated certain *igarapés*,[1] such as the Igarapé da Rita.

Formerly there was apparently no malaria or intermittent fever (*impaludismo*) in these tributaries of the Solimões, in spite of the enormous quantities of mosquitoes. But many Tukuna who were taken by their masters to the Javary and Jandiatuba rivers died of this affliction, and others brought it back to the igarapés.

Influenza, catarrh, and other respiratory diseases are frequent but cause less damage among the Tukuna than among the other tribes.

The presence of intestinal worms among these Indians is less common than among the Neobrazilians. There are no venereal diseases, except perhaps among some emancipated families living in promiscuity with the Neobrazilians.

An endemic disease among the Tukuna, which, however, disfigures more than it incommodes, is the *purú-purú*,[2] a skin ailment that results in great irregular patches of a dark bluish color which eventually turns achromatic.

Territory

Formerly the territory of the tribe comprised the jungle centers off the left bank of the Amazon-Solimões from 71° 15′ (Ilha Peruaté) to 68° 40′ W. longitude; its tributaries, the Atacuari, Loretoyacu, Mariuaçú, Tacana, Belém, Cajary, São Jeronymo, and Rita, and the upper course of the drainage which empties into the Putumayo-Içá—the Yahuas, Cotuhé, Pereté, and Jacurapá.

The Tukuna did not then inhabit the banks of the Amazon-Solimões, for fear of the Omágua, who occupied the islands of that river throughout its course in

[1] Terms explained in the Glossary (p. 139) and native words in common use are italicized on their first appearance. Tukuna words are given in a simplified form of Nimuendajú's orthography, which is apparently a normalized phonetic transcription. The following abbreviations are used: P., Portuguese; T., Tukuna; l.g., lingua geral.

[2] *Pinta* or *mal del pinto*, caused by Spirochaeta pintae. In Brazil there are three varieties, called, according to the color of the blotches, "white," "red," and "black." Mexico, *mal del pinto*; Colombia, *carate*; Honduras, *eativi*.—Trans.